The Wyoming Department of Health Mental Health and Substance Abuse Services Division Report to the Governor and the Joint Labor, Health, and Social Services Interim Committee

Report on Substance Abuse Control Plan

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1. General Comments/Overview/Executive Summary

1.1. Introduction and Background Information

This report was prepared by the Wyoming Department of Health ("WDH"), in collaboration with the Wyoming Department of Education ("DOE"), the Department of Family Services ("DFS"), and the Department of Corrections ("DOC"). In prior years, the Substance Abuse Division filed a report focusing entirely on programs and expenditures from legislation enacted in 2002, House Bill 59 ("HB 59"). However, "HB 59" comprises only one part of the state's substance abuse efforts." *Management Audit Committee ("MAC"), Substance Abuse Planning and Accountability Report, 2006.*

The format for this report is built around the core functions of the Mental Health and Substance Abuse Services Division ("MHSASD") as they relate to substance abuse. The core functions of the Division, i.e., the reasons the Division exists, are to provide access to and insure the quality of mental health and substance abuse prevention, early intervention and treatment services. The Division utilizes three primary tools to fulfill those functions: (1) through its authority to promulgate and enforce rules; (2) developing performance based contracts; and (3) monitoring provider compliance.

The Division has developed five guiding principles it follows to achieve its mission. They are:

- **1.1.1 Citizen Advocacy**: The Division's decisions will always be made looking through the eyes of Wyoming people and families who need quality mental health and substance abuse treatment, prevention and recovery services.
- **1.1.2 Community Empowerment**: Substance abuse and mental health are issues confronting communities, e.g., schools, the work place, neighborhoods, places where people worship, have fun, and live. The Division's role is to encourage and empower communities to meet the need as they see it in their own communities.
- **1.1.3 Performance Contracting**: The Division has been entrusted with taxpayer funds to purchase tens of millions of dollars in mental health and substance abuse services. It has a responsibility to make certain that every dollar produces a good outcome for those who need the services and for those who pay for them.
- **1.1.4 Data Collection, Research, and Analysis**: The Division will be the most respected source of data, research and information on best practices for mental health and substance abuse in Wyoming.
- **1.1.5 Integrated Efforts and Collaboration**: The Division will undertake no program or initiative without input from others, including the clients of the mental health and substance abuse system and their families. This work is far too important for the Division to go it alone.

In this way, the Division is creating a comprehensive system of care and believes "the state is closer [to] meeting the Legislature's goal of developing a 'comprehensive, integrated' system of care". *Management Audit Committee Report*, page 10. Appendix 7.1 is a chronological view of the historic developments of the last decade offering a quick sketch of the important changes in Wyoming's structure and capacity to deal with substance abuse and addiction disease.

Included in this report are data which show Wyoming has made significant progress toward meeting this challenge over the last decade.

2. Specific Requirements of Statute

This report is prepared and provided in compliance with W.S. § 9-2-2706 which directs:

The substance abuse division of the department of health shall, in conjunction with the department of education, department of workforce services, department of family services and department of corrections jointly prepare an annual report regarding the effectiveness of achieving the goals and directives of the substance abuse control plan under W.S. 9-2-122. The report shall include detailed information with respect to all expenditures made under the substance abuse control plan. The report shall be submitted to the joint labor, health and social services interim committee on or before October 1 of each year.

By law, the Division serves as "the lead for state agency planning and coordination among the Department of Health, the Governor's Advisory Board on Substance Abuse and Violent Crime, and other State agencies and board with involvement in substance abuse programs." Section 12 (c)(i) of HEA 21 2006. The same statute gives responsibility to the Division for developing a "single comprehensive plan to address substance abuse in Wyoming."

3. Impact/Consequences/Outcomes

3.1 The Comprehensive State Plan

The comprehensive state plan for substance abuse includes the document entitled Reclaiming Wyoming: A Comprehensive Plan for Prevention, Early Intervention and Treatment of Substance Abuse (2001) and the recommendations of the Select Committee on Mental Health and Substance Abuse Services Division as contained in HB91 (2006) and SF76 (2007). The Division has also entered into two cross-agency agreements to coordinate efforts around the reduction of the negative impacts of substance abuse and addiction, as well as mental illness. The Division and 15 other State agencies, as well as the Office of the United States Attorney, have signed a Charter Agreement outlining joint efforts to identify common goals and objectives, collect and share data, implement best practices, and to identify legislative initiatives.

Additionally, the Superintendent of Public Instruction and the Directors of the Departments of Health and Family Services have signed a Memorandum of

Understanding ("MOU") agreeing to work toward the development of a coordinated statewide system of care to provide family driven, research-based, accountable programs to serve families and children.

3.2 Consequences/Celebrating the Successes

As a result of the leadership of the legislature and efforts of the other two branches of state government, significant changes and improvements have been achieved in the system of care to prevent and treat substance abuse including the following:

- Where Wyoming previously had few standards for the quality of prevention and treatment services, today the state has research-based rules under which all prevention and treatment service providers must be certified. The Division and others are in the process of revising the certification rules. The process may take more than a year, as it is designed to gather maximum input from providers, agencies, local government, courts and citizens, including the consumers of services.
- Where the State previously had a limited capacity to gather and analyze data, the Department has implemented the Wyoming Client Information System ("WCIS") to collect outcome data on all persons receiving substance abuse treatment. This data is increasingly used to develop policy and budget proposals. The data provides programs and policy makers with critical information on which to make decisions.
- The Division uses a quality improvement system to enforce performance based contracts and has adopted the National and Wyoming Outcome Measures in order to measure effectiveness of treatment programs. The Division issues periodic "report cards" which describe progress of programs in meeting outcome goals. A copy of the most recent WCIS data report and report card is attached. The August 2008 Report of the Select Committee found, "The Division has developed best practices requirements within the contracts and monitors the providers' operations to ensure compliance."
- The Division has developed a Quality Assurance Initiative to monitor program compliance. The QA Initiative is built like a three-legged stool. One leg is the certification process described above. The second is a system of coordinated site visits which afford Division staff an opportunity to work with providers to assure compliance with all contract provisions. The third leg is a community systems review called *Systems and You, Networking and Collaborating* ("SYNC"). This process is designed to review the community-based system of care necessary to support recovery and good outcomes in treatment. SYNC is based on the reality that an addict's recovery requires more than good treatment services. Recovery supports such as housing, employment, education, financial responsibility and others are necessary. The community has a broad role in encouraging at-risk citizens to get help and to assist them in recovery. SYNC reviews those systems and makes recommendations for improvement while acknowledging the strengths of the community.

- The Division has implemented a plan for regionalization of services, as set forth in HB91 and SF76. The goal of regionalization is to establish a continuum of care within each of the state's five regions in order to provide reasonable access to an array of services to all citizens. The Select Committee August 2008 report concluded that, "Overall, the Division appears to be working successfully with the implementation of regionalization."
- In 2001, Wyoming had two drug courts. They were struggling as federal grants used to start them had begun to dry up. Wyoming led the nation in 2001 when the legislature created a statewide drug court program. Today there are 23 state funded drug courts and three others operating without state grants. The Division collects data demonstrating the effectiveness of these programs as an alternative to incarceration. For example, while it costs more than \$146 per day to house an inmate in the State Penitentiary at Rawlins, drug court, including all administrative costs, is \$25.53 per day.
- In recent years, State agencies have improved their coordination of programs and collaboration on prevention and treatment efforts. The Division contracts require community treatment providers to have a written working agreement with the local offices of DFS and DOC to coordinate and improve services to their common clients. There is a charter agreement between all State agencies whose mission is affected by substance abuse. The directors of the Departments of Health and Family Services meet regularly with the Superintendent of Public Instruction to work on system of care and other shared issues.
- Through a number of initiatives, the Division has sought to empower communities. SYNC is one example. Another is the prevention grants which require a single application to be submitted by a diverse group of community leaders to assure they are coordinating their efforts and working together to reduce substance abuse in their community. The grants require prevention efforts focused on unified state goals of improving school graduation rates, reducing the numbers of out-of-home placements and lowering the recidivism rates among addicted criminals.

3.3 Prevention

The Division continues a commitment to enhance statewide prevention programs. During FY 08, the Division developed or partnered with several prevention initiatives to address alcohol or other substance abuse issues with Control Plan funding and/or federal grants. Those initiatives include: Wyoming First Lady's Initiative to Reduce Childhood Drinking, the Prevention Education Resource Center, Prevention Needs Assessment ("PNA"), an Interactive Website for Prevention Needs Assessment ("PNA") Data, the Alcohol Opinion Survey, Wyoming D.A.R.E. Training and Evaluation, Alcohol Compliance (reported in Wyoming First Lady's Initiative below), Survey of Alcohol Use Among 18 to 24 Year Olds, Mercer House Youth Mentoring Pilot, Volunteers of America Camp Postcard, and Wyoming Community-Based Methamphetamine Initiative.

Also notable are two federally funded initiatives is the Strategic Prevention Framework-State Incentive Grant ("SPF-SIG"). This program, coupled with the community grants program established under SF76 and HB308 prevention funds, provides grants to collaborative community efforts. Attached as Appendix 7.2 is a listing of all grants under these programs.

- **3.3.1. Social Marketing:** In 2007, the Division created a new social marketing campaign. With a theme of "Where do you draw the line?", this campaign is intended to engage citizens in a conversation about personal responsibility and the way in which our choices impact others. The Division has contracted with a public relations firm called SUKLE Advertising. Sukle and the Division have collaborated with community coalitions, the Department of Transportation and others to develop and implement this campaign.
- **3.3.2.** Alcohol Compliance: In 2003, the Legislature enacted Wyoming Statute § 12-6-101 through 103 which requires the WDH to work with others to develop strategies that coordinate and support local law enforcement efforts to reduce sales of alcohol to underage persons. The Division works in an advisory capacity with the Enforcing the Underage Drinking Laws Advisory Council ("EUDL"), the Wyoming Association of Municipalities ("WAM"), law enforcement agencies, US Attorney's Office, Court and Commissioner's Association, Court Attorney's Association, School Resource Officers and Wyoming DARE, Governor's Substance Abuse and Violent Crime Board, and Governor's Impaired Drivers Counsel on substance abuse issues and environmental strategies. The Wyoming Association of Sheriffs and Chiefs of Police ("WASCOP") facilitated, coordinated, and supported local and statewide efforts of community leaders, state and local coalitions, and concerned citizens. The Division oversees WASCOP's technical assistance and training efforts to implement research-based enforcement tools, as well as environmental community strategies that address underage alcohol use.
- **3.3.3. Early Intervention:** As a result of our increased ability to collect and analyze data, the state is able to identify opportunities for earlier intervention. Using both WCIS data and the data arising from clinical assessments under the Addicted Offenders' Accountability Act, we have determined there are a large number of at-risk alcohol and drug users who can benefit from less costly early interventions. For juveniles, that may include intensive supervision in juvenile court. For them and others, *Screening, Brief Intervention, Referral and Treatment* ("SBIRT") is a useful tool.
- **3.3.4. SBIRT:** The acronym stands for "Screening, Brief Intervention, Referral and Treatment." SBIRT is a research-based practice proven to be a highly effective early intervention. SBIRT is a strategy used in sites where people go for medical services other than addiction treatment. For example, sites include public health and medical clinics, emergency rooms and the offices of primary care physicians.

Studies show that 95 percent of those who need treatment do not ask for it. Out of that 95 percent, approximately one-fourth are the target population for SBIRT. When consumers go to these facilities, they are offered a brief 6 to 8 question screening. If it discloses "red flags" for substance use, the person is offered more information specific to the health problems posed by their use of drugs or alcohol.

Federal grants have been used to evaluate SBIRT across the nation, including rural sites quite similar to Wyoming. In New Mexico, for example, 32 randomized control studies support the conclusion that this brief intervention is more effective than costly, long-term treatment in reducing drug and alcohol use. The studies also document fewer jail days and reduced ER costs associated with risky drug and alcohol use.

The Division has implemented SBIRT in nine public health clinics and the Free Medical Clinic in Cheyenne. Cheyenne Medical Specialist, P.C. ("CMS") is convinced enough of the cost savings that it has opened Medicaid codes permitting providers to receive reimbursement for SBIRT. Wyoming is in the process of opening those payment opportunities.

3.3.5. Department of Education: The Superintendent of Public Education and the directors of the Departments of Family Services and Health are meeting every four to six weeks to discuss substance abuse and mental health issues which affect all three departments and their constituencies. This group works together on prevention issues and a joint goal to advance the system of care ("SOC"). The group recently agreed to a suggestion by Deputy Director Rodger McDaniel to develop a comprehensive statewide substance abuse prevention plan which would leverage prevention efforts for schools/communities across state agencies. Dr. Jim McBride's Education Summary report, attached as Appendix 7.3, to schools and communities included substance abuse rates by high school students indicating that this abuse interferes with many students' opportunity to learn.

The Department of Education is working on a systems approach focusing on units in the department, local school districts and communities, and with the Departments of Health and Family Services. The research on helping at risk children and families indicates that no one system can solve these problems working in isolation. The Department of Education and the other state agencies are committed to helping all students to be successful in a school, community, and family setting. These partnerships must be present at all levels in order to achieve traction toward helping children and families.

The Division has the opportunity to work in partnership with the Department of Education to provide technical assistance that is both delivered systematically and in a systemic fashion to the communities involved in the SPF-SIG grant program. The Departments of Education and the Division are already working

together to deliver prevention information to communities through the Prevention Education Resource Center ("PERC"). The PERC is an electronic portal which can be used to push out resources and information to SPF-SIG community partnerships. This portal can also be used to have SPF-SIG communities communicate with each other to share ideas and strategies.

This work would also be in concert with development/school-community partnerships in an effort called the Wyoming Healthy Student Success Model ("WHSSM"). WHSSM is a coordinated school health systems development effort that models systemization of learning supports for students in school districts. This system also includes local community and state level partners, as many of the supports which students and families need come from outside of the school.

3.3.6. Intensive Supervision Program for Juveniles: The Wyoming Department of Family Services ("DFS"), under the Substance Abuse Control Plan, supports the intensive supervision program ("ISP") that includes 20 juvenile probation officers and 10 support staff. The ISP officers serve as youth probation officers and work in teams of two to conduct the intensive supervision of the juvenile offenders. DFS will continue to review the staffing patterns and ISP placement within the state due to challenges of attrition and actual need in different areas for ISP services.

DFS contracts with community-based treatment services available across Wyoming. Many contracts for these services have been developed as a result of the State Request for Proposal process and funds made available by the Substance Abuse Control Plan. Each region contracts with private providers for services to ISP youth and families to include comprehensive substance abuse and/or psychological assessments; screening or evaluations; intensive outpatient treatment; treatment planning; referral services; therapeutic group sessions; community service coordination; and mentoring services. The ISP was very successful in keeping youth in their home communities who would have otherwise gone to out-of-home placement.

From July 1, 2007 to June 30, 2008, 197 youth were served on the ISP Program. Of the youth served by the program during this time, 79 percent successfully completed the program or have been successful on ISP in the community. Of the 197 high-risk youth, 64 percent received treatment services in the community, developed through the ISP Program. Youth also received services through other providers. Eighty-three percent of the youth graduated from high school, obtained a G.E.D. or remained in school. There were 2,664 urinalysis tests administered to these youth with only 14 percent returning positive for substances.

3.4 Treatment: In recent years, Wyoming has greatly improved both the quality and the capacity to provide effective treatment programs. While most of the treatment is

provided through the community mental health and substance abuse centers, people also access treatment through drug courts and private providers. Court ordered treatment is encouraged by the Addicted Offenders Accountability Act ("AOAA").

3.4.1. Addicted Offender Accountability Act: Wyoming Statute 7-13-1301 through 7-13-1304 offers the court an alternative sentencing option to encourage treatment in lieu of incarceration. Known as the Addicted Offender Accountability Act, the statute requires all convicted felons or individual convicted of a third or subsequent Driving Under the Influence ("DUI") within five years to undergo a mandatory assessment as part of their pre-sentence investigation (Wyoming Statute 7-13-302). The Pre-Sentence Investigation ("PSI") report uses this assessment to generate recommendations for level of care for treatment as a sentencing option. The court then has the option to sentence the offender based on the substance abuse assessment and other terms and conditions – effectively ordering the offender to satisfactorily complete a treatment program or remand the individual to the custody of local or state detention/correctional facilities.

The administration of the AOAA program was transferred to DOC from WDH under a Memorandum of Understanding on July 1, 2005, and there remains a collaborative agreement for consultation and data sharing. The DOC Support Services Division contracts with eight licensed clinicians strategically placed across nine judicial districts in Wyoming. These clinicians complete substance abuse assessments using the Drug Evaluation Network System ("DENS") software in face-to-face meetings between the assessor and addicted offenders. The recommendations from these assessments go into the Pre-Sentence Investigation report. This assists the probation officer and the court to determine whether treatment is an option to incarceration.

- 3.4.2. Veteran's Services: In 2008, the legislature passed HB 12, Veteran's Mental Health and Substance Abuse, which appropriated money for both mental health and substance abuse. Under existing law, the federal government, through the Veterans Administration or the Department of Defense, provides for the medical needs, including mental health and substance abuse needs of qualified veterans or soldiers. As a result of this legislation and the collaborative work leading up to it, the National Association of State Alcohol and Drug Abuse Directors has recognized Wyoming for being one of six states offering the most services to returning veterans.
- **3.4.3. Certified Treatment Providers:** Appendix 7.4 is a summary of the numbers of treatment providers currently certified in Wyoming and the level of care they offer. It includes publicly funded as well as private providers.
- **3.4.4.** Casper Reentry Center Therapeutic Community (100-Bed Secure Residential Treatment Facility): At the conclusion of the State's competitive selection process in July of 2003, the Community Education Centers ("CEC")

Roseland, New Jersey, was awarded the contract to build and manage the 100-bed secure residential substance abuse treatment facility. Construction of the medium security therapeutic community facility was completed in April 2004 and began receiving inmates for treatment. Program capacity was reached on June 10, 2005, and the facility has consistently remained at or near capacity since then.

A major intent of the authorizing legislation is to facilitate the use of "best practices" in the rehabilitation and treatment of substance abusing offenders, and to provide them with the necessary tools to successfully reenter society and remain both substance abuse and crime free. Research demonstrates significant reductions in recidivism following completion of a Therapeutic Community ("TC") treatment program. To that end, the legislation requires the use of a comprehensive social learning and cognitive behavioral-oriented treatment program based on the Therapeutic Community Methodology.

The CRC-TC program has been implemented as a therapeutic community and has maintained certification under the Wyoming Department of Health's Substance Abuse Certification Standards since April 14, 2005. In February of 2008, the CRC-TC received a favorable site visit by the American Correctional Association ("ACA") and on August 11, 2008, was notified of ACA certification under the Performance-Based Standards for Therapeutic Communities.

The CRC-TC program is designed for inmates who have demonstrated a significant problem with substance dependence and resulting impairment to their level of social and occupational functioning. The program focuses on the whole person and promotes the adoption of a recovery oriented lifestyle and changing addictive and criminal behaviors. The CRC-TC provides the knowledge and skills necessary for a productive lifestyle prior to reintegration into the community.

The Community Education Centers have proven themselves to be a leader in the provision of substance abuse treatment services for correctional populations thought the country. Facility leadership strives to ensure that the CRC-TC program maintains adherence to therapeutic community principles and practices necessary for powerful interventions and program effectiveness. At this writing, there have been a total of 481 inmates involved in the program with a successful completion rate of 85.4 percent.

3.5 Expenses, Appropriations and Budgets: Attached hereto are spread sheets detailing the budgets and expenditures of the three agencies that received State funding from HB59. The Department of Corrections expenditures are listed in Appendix 7.5. The DFS expenditures are listed in Appendix 7.6. The spreadsheet for the Division, Appendix 7.7, is comprehensive and includes all Division expenditures of state, federal

and tobacco funds under HB59. Appendix 7.8 is a summary of expenditures under HP91. Appendix 7.9 is a summary of expenditures under SF76.

3.6 HB 74 and HB 133: In 2007, the legislature passed HB74 which required a portion of funding to community-based mental health and substance abuse programs to be withheld until specified conditions are met; providing for reversion of funds as specified; specifying applicability of the restriction; and providing for an effective date. That same year, HB 133 was passed which authorized the sharing of client information data within the Department and from specified entities that have contracted with the Department to provide services; providing limits on the sharing of client information as specified; specifying procedures for the use of client information data for research purposes; establishing penalties for unlawful disclosure of client information as specified; providing definitions; and providing for an effective date.

HB 74 authorized the Division to withhold funds from treatment providers for failure to agree to performance outcomes. The Division has been successful in negotiating standards and the authority given under this act has not been exercised.

HB 133 addressed the sharing of client information. The bill required the Department of Health to create a data system allowing it to track clients through other program system in the agency. As a result, the Division placed provisions in the contractor agreements requiring centers to report the social security numbers of their clients. To date, compliance is spotty. Please see the attached report at Appendix 7.10. It may be necessary for the Division and/or the legislature to consider additional requirements in order to achieve the goals of HB133.

4. Statistical Information

Attached as Appendix 7.10 are graphs indicating the progress Wyoming is making on issues ranging from meth use to binge drinking and tobacco use. Attached as Appendix 7.11 is the most recent "Report Card" on provider outcomes measured by the Division using the Wyoming Performance Outcome Measures ("WYPOMS").

5. Recommendations

(a) The Division believes the State Drug Court Program has proved to be one of the most successful tools in addressing the public safety and health issues arising from the behavior of addicted offenders. The Drug Court Steering Committee will recommend legislation in the 2009 session. The Division asks that the legislature consider these recommendations. The Division also believes demand for new and expanded drug courts supports an increase in funding of the program and an expansion of the drug court concept to mental health and domestic violence. Given the success of sex offender courts and the growing numbers of sex offender cases around the state, it may be useful to pilot such a program in one of the state's larger judicial districts.

- (b) Wyoming is at the halfway point in a six-year Substance Abuse Mental Health Services Administration ("SAMHSA") grant to establish a system of care for children with mental health problems. The program is called *Support*, *Access*, *Growth and Empowerment* ("SAGE") and has pilot sites in Albany and Teton Counties. The system of care is not a "program." It is a change in the way we use existing funds to integrate existing services into a coordinated system of care aimed at increasing the influence of families over the decisions and choices that affect their lives. The remaining three years of the grant will focus on expanding these concepts to other counties and regions of the state and integrating these practices into the regionalization of services implemented through the work of the Select Committee on Mental Health and Substance Abuse. The focus will also turn increasingly to sustainability. While additional funding will be sought, the main objective will be to persuade agencies to use current funding to change practices and policies to meet the system of care goals.
- (c) The vast majority of funding for prevention efforts comes from federal grants. It is anticipated that given the federal budget deficit there will be fewer opportunities to use federal funds for prevention. The state will need to develop reliable funding sources for prevention programs. The Division believes one 'win-win' proposal would be to increase the tobacco tax. The University of Wyoming has provided a report which indicates increased tobacco taxes not only provides increased revenue, but is also an effective way to reduce tobacco use and to prevent youth from initiating the use of this harmful drug.
- (d) The Division believes strongly that Wyoming's long range efforts to reduce drug abuse and addiction will require a public health approach. Much of the effort to treat and prevent substance abuse has been siloed in one agency using a set of providers in one part of town. Research demonstrates that effectively meeting this enormous challenge will require the integration of this work into other systems, including primary health care, courts, schools, etc. The Division has begun work on this expansion and integration by implementing early screening and education programs in many public health clinics. The intervention, called "SBIRT" for "screening, brief intervention, referral and treatment, is an evidence-based practice that has shown it to be more effective than costly long-term treatment in reducing the harm among at-risk alcohol, tobacco and illicit drug users. We encourage the members of the legislature to educate themselves on intervention and to support its expansion.

6. Summation and Conclusions

Wyoming is making steady progress in reducing substance abuse. Over the past eight years, a partnership between all three branches of government has improved the quality of programs, established research-based standards for prevention and treatment programs, created a drug court program that is the envy of many states and empowered community leaders to be involved. The significant commitment the state has made to funding successful programs has been joined with

strong messages about accountability. There is every reason to be optimistic that Wyoming will lead much of the nation in meeting this great challenge.

7. Appendices

- 7.1 Historical Developments of Changes in Wyoming's Structure
- 7.2 Grants Listing
- 7.3 Department of Education
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